



**ACKNOWLEDGEMENT OF NOTIFICATION
OF
HAZARDOUS WASTE ACTIVITY**

08/15/2001

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER	→	NYD096297544
INSTALLATION NAME	→	CYTEC OLEAN INC
INSTALLATION ADDRESS	→	1405 BUFFALO ST OLEAN, NY 147601139
MAILING ADDRESS	→	1405 BUFFALO ST OLEAN, NY 147601139

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866**

**ATTN: JACK HOYT
Tel : (212) 637-4106
Fax: (212) 637-4949**

**TO: CYTEC OLEAN INC
or Current Occupant
ATTN: SIMON HARVEY - PLANT MGR
1405 BUFFALO ST
OLEAN, NY 147601139**

To minimize delays, please complete all items.

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form

CMB No. 2050-0022

U.S. EPA
EPA No. 02-00-EPA-07

Date Received
(For Official Use Only)

HAZARDOUS
PROGRAM



EPA

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Please refer to the instructions for filing notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

I. Installation EPA ID Number (Mark X in the appropriate box)

☐

A. First Notification

☒

B. Subsequent Notification
(Complete only)

C. Installation's EPA ID Number

NYD096297544

544

II. Name of Installation (Include company and specific site name)

CYTEC OLEAN INC

III. Location of Installation (Physical address, not P.O. Box or Route Number)

Street

Requires building number, or Lot and block number or the distance and direction from the nearest cross street

1405 BUFFALO STREET

Street (continued)

City or Town

OLEAN

State

ZIP Code

NY

14760-1139

County Code

County Name

CATTARAUGUS

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

HARVEY

(first)

SIMON

Job Title

PLANT MANAGER

Phone Number (area code and number)

716-372-9650

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location

Mailing

City or Town

State

ZIP Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

(LAW CORP)

CYTEC INDUSTRIES INC

Street, P.O. Box, or Route Number

FIVE GARRET MOUNTAIN PLAZA

City or Town

WEST PATERSON

State

ZIP Code

NJ 07424

Phone Number (area code and number)

973-357-3100

B. Land Type

P

C. Owner Type

P

D. Change of Owner

Indicator

Yes No

X

(Date Changed)
Month Day Year

CYTEC INDUSTRIES INC FAX (716) 372-1594

Please reply to: Jack Hoyt, DEPP, US EPA 290 Broadway, 22Fl. NYC, NY 10007-1866. Tele: (212) 637-4106.

Address verified by USPO

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil/Fuel Activities	
1. Generator (See instructions) <input checked="" type="checkbox"/> ONLY a. Greater than 1000 kg/mo (2200 lbs) b. 100 to 1000 kg/mo (220 - 2200 lbs) c. Less than 100 kg/mo (220 lbs) 2. Transporter (Indicate Mode in boxes 1-5 below) a. For own waste only b. For commercial purposes Mode of Transportation 1. Air 2. Rail 3. Highway 4. Water 5. Other - specify _____		3. Facility Owner/Disposer (Indicate how many years since activity; see instructions) a. Generator/Importer/Exporter b. Other (specify) c. Bulk and/or Industrial Purposes 1. Smelt/Beam 2. Small Quantity Exemption Indicate type of Combustion Device(s) 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 4. Underground Injection Control	
		5. Off-Specification Used Oil/Fuel 1. Generator/Importer/Exporter 2. Other (specify) a. Burner - Indicate device(s) and type of Combustion Device 1. Utility Boiler 2. Industrial Boiler 3. Industrial Furnace 2. Specification Used Oil/Fuel Market (or Off-site Burner) When First Burns and Does Meet the Specification	

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

 1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (D000) ☐

(List specific EPA hazardous waste numbers for the toxicity characteristic characteristic)

D007 D008 D009 D018

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F003	2 F005	3 U158	4 U223	5	6
7	8	9	10	11	12

C. Other Wastes. (State other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6
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X. Certification

I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

[Signature]

Name and Official Title (type or print)

SIMON HARVEY, FLT MGR

Date Signed

2/7/01

Signature must be an original signature by an employee of the Generator.

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

EPA Form 8700-12 (Rev. 9-92) Previous edition is obsolete.

CONTINUATION SHEET

NY D096297344

GSA No. 0746-07A-07

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
<input type="checkbox"/> 1. Generator (See instructions) <input type="checkbox"/> a. Greater than 1000 kg/mo (2200 lb) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2200 lb) <input type="checkbox"/> c. Less than 100 kg/mo (220 lb) <input type="checkbox"/> 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____	<input type="checkbox"/> 3. Transfer, Store, Dispose (or treatment) (Note: A permit is required for this activity; see instructions.) <input type="checkbox"/> 4. Storage (Indicate in boxes 1-3 below) <input type="checkbox"/> a. Storage (Indicate in boxes 1-3 below) <input type="checkbox"/> b. Other Markings <input type="checkbox"/> c. Role and/or Industrial Furnace <input type="checkbox"/> 1. Smelter/Refinery <input type="checkbox"/> 2. Small Quantity Exemption <input type="checkbox"/> Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 7. Underground Injection Control	<input type="checkbox"/> 1. Off-Specification Used Oil Fuel <input type="checkbox"/> 2. Generator Intending to Burn <input type="checkbox"/> 3. Other Markings <input type="checkbox"/> 4. Burner - Indicate Device(s) <input type="checkbox"/> 5. Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or City or Burner) into First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristic of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic (D004)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D022 D035 D039 D040

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1	2	3	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1	2	3	4	5	6

X. Certification

I certify, under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

[Signature]

Name and Official Title (type or print)

SHIRAZ HANLEY PLTHGR

Date Signed

2/17/01

Signature must be an original signature by an employee of the Generator.

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

EPA Form 6700-12 (Rev. 9-92) Previous edition is obsolete.

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PROGRAMS DIVISION

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